

If you rent or own your home, do adults other than you and your spouse live with you? Yes No

If yes, please complete the following:

Name of adult living with you	Relationship to you	Monthly amount they pay

Utilities

Please check the utilities in your or your spouse's name:

Provide invoices or statements from the utility provider

- | | | | |
|--------------------------------------|---|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Electricity | <input type="checkbox"/> Energy | <input type="checkbox"/> Water | <input type="checkbox"/> Telephone |
| <input type="checkbox"/> Septic Tank | <input type="checkbox"/> Water Heater Rental | <input type="checkbox"/> Heating Oil | <input type="checkbox"/> Propane |
| <input type="checkbox"/> Wood | <input type="checkbox"/> Other (describe) _____ | | |

Hook-up fees: Power \$ _____ Water \$ _____ Telephone \$ _____

Laundry: Do you pay to use laundry equipment or do you pay to have your laundry done? Yes No

Moving Costs: Must be approved in advance. Amount of moving costs: \$ _____

I state that the information given on this Move Form is true, correct and complete and that I have not withheld any information which may have an effect on my assistance benefits. I understand that I may be liable to criminal prosecution for withholding information or providing false or misleading information. I give permission to the Ministry of Social Services to verify any of the information on this form.

Signature of Client _____

Date: _____
YYYY/MM/DD

Signature of Trustee
if applicable _____

Date: _____
YYYY/MM/DD

Signature
If completed by someone other than the client. _____

Date: _____
YYYY/MM/DD

Witness
If signed by mark _____

Date: _____
YYYY/MM/DD